

**MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT
RAVALLI COUNTY**

<p>In re the Parenting of: _____ _____ _____ minor child(ren); _____, <div style="text-align: right;">Co-Petitioner,</div> and _____, <div style="text-align: right;">Co-Petitioner.</div> </p>	<p>Cause No.: _____ Department No.: _____ <p style="text-align: center;">ACCEPTANCE OF SERVICE OF STATUTORY NOTICE TO DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES</p> </p>
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TO: Department of Public Health and Human Services

I declare, under penalty of perjury, that I received a copy of the STATUTORY NOTICE TO DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, dated _____ 20____ in the above-captioned matter and that I hereby accept and acknowledge service.

DATED this ____ day of _____, 20____.

By: _____

[illegible]

On this ____ day of _____, 20____, before me, the undersigned, a Notary Public for the State of Montana, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year first above written.

(SEAL)

NOTARY PUBLIC, for the State of Montana
Printed Name: _____
Residing At: _____
My Commission Expires: _____